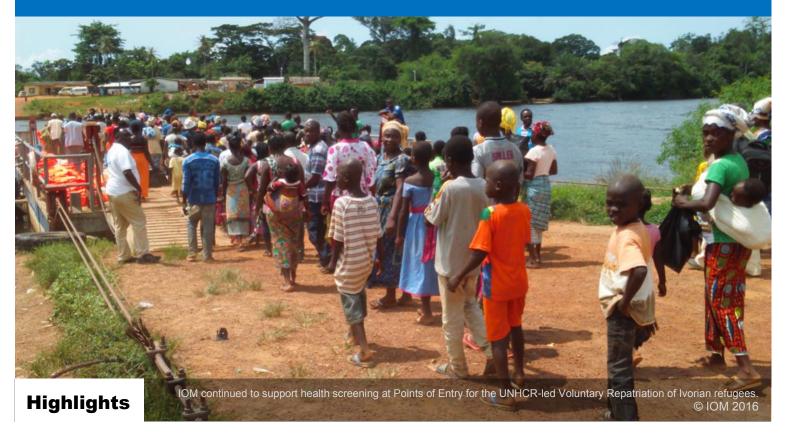
SITUATION REPORT • March 2016



- IOM is scaling up its border surveillance efforts in response to the Ebola flare-ups in Guinea and Liberia. Additional support to 25 points of entry along the Guinea-Liberia border will include 'Infection Prevention and Control' supplies and training to screeners.
- The Community Event-Based Surveillance system is now covering 2,470 communities in Liberia's eight border counties. The system is designed to strengthen disease surveillance at the community level where health facilities receive disease alerts from a network of community health volunteers.
- IOM participated in an orientation on International Health Regulations (IHR), chaired by the Ministry of Health and attended by WHO, CDC, and several other stakeholders. In April, IOM will support an International Health Regulations (IHR) assessment of six airports (2) and sea ports (4).

# **Situation Overview**

On 29 March, the WHO declared that Ebola in West Africa is no longer a Public Health Emergency of International Concern (PHEIC) while acknowledging that new clusters of cases are anticipated as the virus clears from the survivor population. The latest such clusters have occurred in Liberia – with one confirmed case, and Guinea – with eight confirmed cases, as of 31 March 2016. The confirmed cases in Guinea occurred in the village of Koropara Centre, in the southern prefecture of Nzérékoré – a mere 110 kilometres from Ganta, Liberia – a high-traffic point of entry (PoE).

In response, Liberia's Bureau of Immigration and Naturalization temporarily closed the PoEs bordering Guinea from 18 to 23 March 2016. During the closure, IOM observed irregular migration from Guinea into Liberia – highlighting the need for borders to remain open and functional in order to maintain regular health screening. IOM is taking several measures to scale up its border surveillance in Bong, Lofa, and Nimba counties at both PoEs and in border communities to support the prevention of cross border transmission of EVD (see Programme updates for details on scale-up).

Despite the WHO's emphasis that there should be no restrictions on travel and trade with Liberia, Guinea, and Sierra Leone – the Ivory Coast border with Liberia remains closed. The border has now been closed for 20 months. In spite of the closure, the UNHCR-led voluntary repatriation of Ivorian refugees resumed in December 2015 using designated humanitarian corridors. In March, 4,095 refugees were voluntarily repatriated (UNHCR). IOM is supporting the operations with health screening at PoEs (see Programme updates).

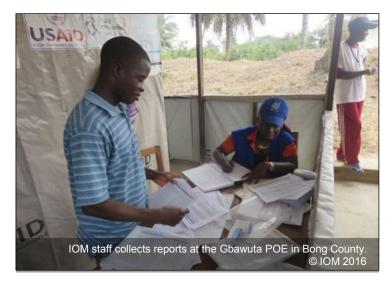
#### **CONTACTS**

#### PROGRAMME UPDATES



### Points of Entry (PoE)

In March, IOM finalized an assessment of PoEs in the eight border counties. IOM evaluated 46 formal and informal land PoEs in three areas: communication and coordination; routine practices; and response to a health emergency. The identified gaps and opportunities are informing future programming and were shared with Liberia's Ministry of Health.



In response to the EVD flare-up in Guinea and Liberia, IOM is scaling up its border surveillance efforts in Bong, Lofa, and Nimba counties (see maps on Pages 4 and 5). The expansion includes supporting 25 points of entry on the Guinean-Liberian border, in addition to the 46 POEs already receiving support. IOM will also provide training to 125 screeners on how to detect diseases under active surveillance according to Integrated Disease and Surveillance Response guidelines. additional screeners will monitor travelers' temperatures, refer sick travelers to the nearest health facility, and alert County Health officials. IOM will also provide Infection Prevention and Control (IPC) supplies such as soap and hand washing buckets.

With the scale-up, IOM is now supporting a total of 359 screeners at 71 PoEs in the eight counties bordering Sierra Leone and Guinea. When the Ivory Coast border is reopened, IOM will provide the same support to PoEs in Maryland and Grand Gedeh counties.

## **Community Event-Based Surveillance (CEBS)**

The Community Event-Based Surveillance (CEBS) system is part of the Integrated Disease Surveillance and Response System and complements border surveillance activities through the County Health Teams and a vast network of general community health volunteers (gCHVs). In the eight border counties, 12 local NGOs trained gCHVs on how to identify and report triggers – based on signs and symptoms – of fourteen priority diseases and events including polio, cholera, measles, and EVD. To date, gCHVs are monitoring and reporting disease triggers in 2,470 communities. Additional gCHVs are being trained to increase coverage in communities in border counties.



### **Assessment of Air and Sea Ports**

On 31 March 2016, an orientation on International Health Regulations (IHR) and assessment tools for core capacity requirements at seaports, airports and ground crossings was chaired by the Liberian Ministry of Health and attended by IOM, WHO, CDC, Ministry of Agriculture, National Port Authority Roberts International Airport and other stakeholders. The orientation provided background information on IHR and previous air and sea port assessments in Liberia, introduced stakeholders to the objectives and scope of the upcoming assessment, and communicated the IHR assessment work plan. The core capacity assessment tool was also explained.

The assessment of six ports (two air and four sea ports) will



begin the week of 11 April 2016. With CDC support, IOM will support the assessment and develop a comprehensive Port Health capacity building package that includes Standard Operating Procedures, Training Manuals, and a Public health emergency preparedness and response plan. The package will then be reviewed and validated by the Ministry of Health and will be used to train Port Health personnel. In addition, IOM will conduct simulation and evaluation exercises based on the training.



## **Voluntary Repatriation of Ivorian Refugees**

To date, 12,616 refugees have voluntarily repatriated to the Ivory Coast. In March alone, 4,095 Ivorians returned home. IOM is supporting UNHCR and other partners in the voluntary repatriation of Ivorian refugees in Nimba, Grand Gedeh, and Maryland counties. IOM-supported volunteers screen refugees' temperatures, and ensure hand washing.





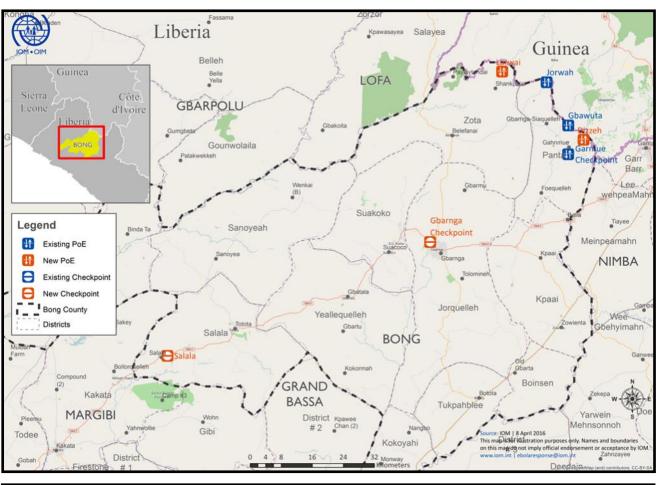
The IRC-led Epidemic Preparedness and Response Consortium is coordinating with the Ministry of Health (MoH), County Health Teams (CHTs), Center for Disease Control (CDC), WHO, and relevant actors to support County Health Teams to effectively operationalize their EPR plans and maintain ready Rapid Response Teams (RRTs) at county and district levels. As part of the Consortium, IOM is leading county coordination and technical support for case management in five counties (Bomi, Gbarpolu, Grand Gedeh, Maryland and River Gee) and will provide technical support for case management in Grand Cape Mount.

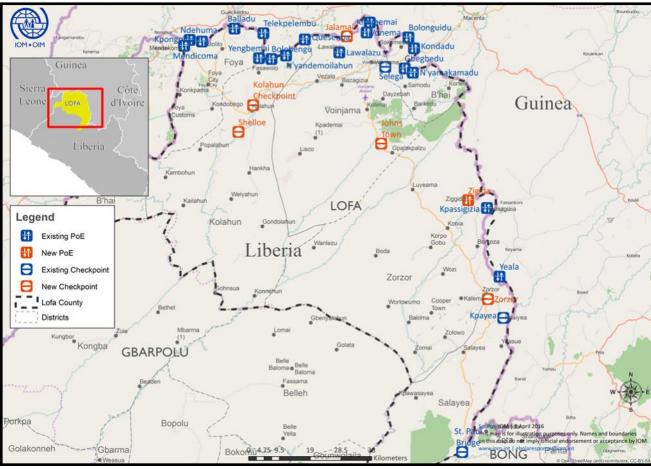


This month, IOM held tabletop exercises in the five counties to assess District and County Health Team's ability to respond to outbreaks. The exercise consisted of Ebola case studies in which the participants had to identify the correct processes in the areas of Case Management, Epidemic Surveillance, Dead Body Management, Laboratory, Psychosocial Support, Community Engagement/Social Mobilization, Water, Sanitation and Hygiene (WASH), Coordination, and Logistics. The assessment was done by Consortium partners in the other counties and will inform the gaps that need to be addressed.



## BORDER SURVEILLANCE SCALE-UP AT POES AND CHECKPOINTS IN BONG & LOFA COUNTIES

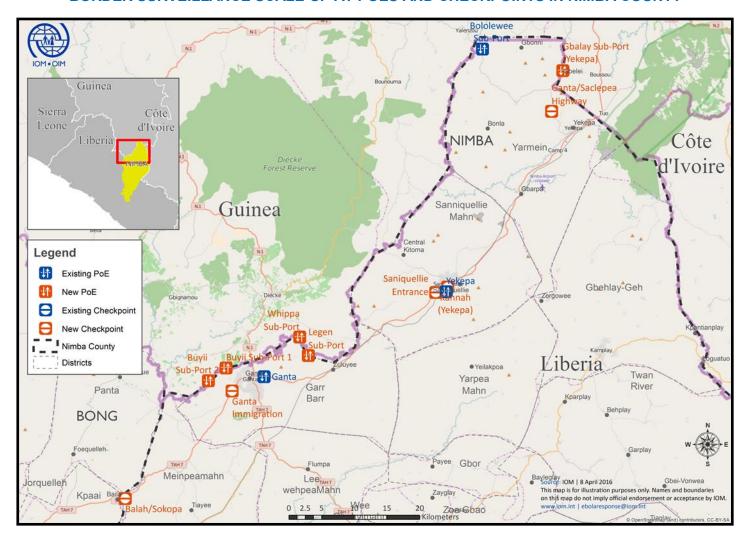






**LIBERIA** 

## BORDER SURVEILLANCE SCALE-UP AT POES AND CHECKPOINTS IN NIMBA COUNTY



IOM programmes in Liberia are supported by:





